DEP 4063 (April 2011) 401 KAR 42:040

## **ELECTRONIC RELEASE DETECTION EQUIPMENT TEST**



KENTUCKY
DEPARTMENT
FOR
ENVIRONMENTAL
PROTECTION

Mail completed form to:
DIVISION OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH
200 FAIR OAKS LANE, SECOND FLOOR
FRANKFORT, KENTUCKY 40601

FOR STATE USE ONLY

			PROTECTION PRO			(502) 564-5981			
						p://waste.ky.gov/ust			
UST FACILITY INFORMATION						TESTER INFORMATION			
Agency Interest (AI) Number:						Tester Name:			
UST Facility Name:						Certification #:			
Physical Address:						Expires:			
City, County, Zip:						Company Name:			
UST Owner:						Phone Number:			
Owner Phone Number:						Tester Signature:			
			(1)			LE INFORMATION pairs, or maintenance required	i)		
Console	Type	Ma	Manufacturer Model #			Serial # Function Check Alarms Test			
(ATG, ELLD, IM, etc.)			(Veeder-Root, Incon, etc.)		350, TS-1001, etc)	Geriai #		(PASS / FAIL)	(PASS / FAIL)
		,		,				,	
						PROBE INFORMAT			
Tank / Compart ment	Product	Probe Type 1. Inventory Only 2. Leak Detection [0.2/0.1] 3. CSLD / SCALD			nufacturer -Root, Incon, etc)	Probe Model # (MagPlus, TSP-LL2, etc)	,	Serial #	Function Check (PASS / FAIL)
					SENSOR INFO				
				Include comme	ents on all failures, re	pairs, or maintenance required	i)		1
Sensor Location (DSL Sump, Disp 1/4, RUL IM Sensor, etc)		Sensor Type  (Float-Switch, Liquid, Optical, Discriminating, Magnetostrictive, Vapor, Hydrostatic (Brine), Dry Interstitial, Solid State, Solid State Discriminating, Groundwater, etc)		(Ve	Manufacturer eder-Root, Incon, etc	Sensor Model # (MagSump, Series 7943 TSP-DTS, TSP-HIS, etc	3,	Serial #/Form #	
			to fill out this for e.ky.gov/ust.	m or to requ	est a review of U	ST facility records, pleas	e contact the	UST Branch at (50	2) 564-5981 or